

<h1 style="margin: 0;">FEE TRANSMITTAL</h1>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/590,300-Conf. #7179
		Filing Date	June 21, 2007
		First Named Inventor	Eric T. Fossel
		Examiner Name	I. Y. Treyger
		Art Unit	3761
TOTAL AMOUNT OF PAYMENT		(\$)	1,890.00
		Attorney Docket No.	S1509.70037US01

**METHOD OF PAYMENT (check all that apply)**

☐ Check   
 ☒ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account   
 Deposit Account Number 23/2825   
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of \_\_\_\_\_   
 ☒ Credit any overpayments \_\_\_\_\_

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)		60
Each independent claim over 3 (including Reissues)		250
Multiple dependent claims		450

Total Claims    Extra Claims    Fee (\$)    =    Fee Paid (\$)    Multiple Dependent Claims  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    =    \_\_\_\_\_    Fee (\$)  
 HP = highest number of total claims paid for, if greater than 20.    Fee Paid (\$)  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    =    \_\_\_\_\_  
 Indep. Claims    Extra Claims    Fee (\$)    =    Fee Paid (\$)  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    =    \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

4. OTHER FEE(S)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,270.00
1401 Notice of appeal	620.00

**SUBMITTED BY**

Signature	/Tani Chen/	Registration No (Attorney/Agent)	52,728	Telephone	617.646.8000
Name (Print/Type)	Tani Chen, Sc.D.	Date	November 9, 2011		

**Certificate of Electronic Filing Under 37 CFR § 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: November 9, 2011

Electronic Signature for Lucie DeBellis: /Lucie DeBellis/